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APPLICANTS

RON WAKSMAN M. D., ATLANTA, GA;
 THOMAS D. WELDON, GAINESVILLE, GA;
 RICHARD A. HILLSTEAD, DULUTH, GA;
 JONATHAN J. ROSEN, ALPHARETTA, GA;
 CHARLES E. LARSEN, CUMMING, GA;
 IAN R. CROCKER M. D., STONE MOUNTAIN, GA;
 RAPHAEL F. MELOUL, ATLANTA, GA;

**** CONTINUING DATA *******

This application is a DIV of 08/897,358 07/21/1997 ABN which is a CON of 08/330,327 10/27/1994 PAT 5,683,345

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 02/07/2000**

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35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance	Examiner's Signature <i>M. B. Heller</i>	Initials <i>MBH</i>		

ADDRESS

STEPHEN B. HELLER
 COOK, ALEX, MCFARRON, MANZO, CUMMINGS
 & MEHLER, LTD.
 200 WEST ADAMS STREET - SUITE 2850
 CHICAGO, IL60606

TITLE

METHOD AND APPARATUS FOR TREATING A DESIRED AREA IN THE VASCULAR SYSTEM OF A PATIENT

FILING FEE RECEIVED 419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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